

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	437	8-4-93
TYPIST	357	10/10/93
VERIFIER		12/17/93
CORPS CORR.		
SPEC. HAND	401	10/14/93
FILE MAINT.	431	8/15
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
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Claim	Date
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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